4) Reduce maternal mortality rate to below 100 per 100,000 live births.

5) Achieve universal immunization of children against all vaccine preventable diseases.

6) Promote delayed marriage for girls, not earlier than age 18 and preferably after 20 years of age.

7) Achieve 80 percent institutional deliveries and 100 percent deliveries by trained persons.

8) Achieve universal access to information/counseling and services for fertility regulation and contraception with a wide basket of choices.

9) Achieve 100 per cent registration of births, deaths, marriage and pregnancy.

10) Contain the spread of Acquired Immuno Deficiency Syndrome (AIDS), and promote greater integration between the management of reproductive tract infection (RTI) and sexually transmitted infractions (STI) and the National AIDS Control Organisation.

11) Prevent and control communicable diseases.

12) Integrate Indian System of Medicines (ISM) in the provision of reproductive and child health services, and in reaching out to households.

13) Promote vigorously the small family norm to achieve replacement levels of total fertility rate (TFR) of 2.1.

14) Bring about convergence in implementation of related social sector programmes so that family welfare becomes a people centered programme.

Benefits of Fifth Pay Commission to ISM Medical Practitioners

†1417. DR. A.K. PATEL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that medical practitioners working under the ISM have been deprived of the benefits of Fifth Pay Commission;

(b) if so, the reasons therefor and the number thereof; and

(c) the stringent steps Government propose to take for the implementation of recommendations of Fifth Pay Commission?

†Original notice of the question was received in Hindi.

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR, C.P. THAKUR): (a) to (c) The Fifth Pay Commission recommendations in regard to general parity of career progression of ISM & H Physicians with General Duty Medical Officers of CHS have been implemented except conversion of some posts to Non-Functional Selection Grade which matter has been taken up with the appropriate authority.

Proposal for Documentation of the Herbal Medicines

1418. SHRI RAJNATH SINGH'SURYA': Will the Minister ofHEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any proposal for documenting the herbal medicines in the country in view of new patent laws;

(b) if so, the steps taken in this regard;

(c) whether there is any system of standardisation for such medicines; and

(d) if not, whether Government propose to do something in this direction?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) and (b) The Government has established a Traditional Knowledge Digital Library (TKDL) to document the Ayurvedic knowledge about the medicinal uses of plants which is already in the public domain, in an international patent classification (IPC) compatible format to prevent the grant of patents for therapeutic claims which are neither inventions nor discoveries.

(c) and (d) For standardization of Ayurvedic, Siddha and Unani medicines, Government has set up 3 Pharmacopoeial Committees for Ayurveda, Siddha and Unani drugs separately. So far, standards of 258 Ayurvedic drugs of plant origin have been published in 3 Volumes of Ayurvedic Pharmacopoeia of India. 385 more drugs of plant origin used in Ayurvedic, Siddha and Unani systems have been allocated to laboratories to develop Pharmacopoeial standards. Unani Pharmacopoeia of India, Volume I containing 45 drugs has also been published.